



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation		WITNEY CARNIVAL	
Registered Address*			
Post Code		Tel No.	
Contact Name		SIMON HAMILTON	
Position in Organisation		CHAIR OF WITNEY CARNIVAL COMMITTEE <small>(i.e. Chairman, Treasurer, Secretary)</small>	
Registered Charity		-YES/NO	Registration No.
<p><i>What are the activities and/or aims of the organisation:</i></p> <p>TO ARRANGE THE WITNEY CARNIVAL PROCESSION AROUND WITNEY FOLLOWED BY THE WITNEY CARNIVAL ON THE LEYS.</p>			
(2) Membership			
How many members do you have?		14	
Approximately how many of your members live in Witney?		NOT KNOWN	
Is membership restricted in any way?		RESTRICTED TO MEMBERS OF WITNEY ROTARY CLUB, WITNEY LIONS, WITNEY ROUND TABLE AND WITNEY ATC STAFF	
What is your annual subscription, if any?		NIL	
Are you affiliated to a national organisation? If so, which one?		NONE	
Local venue/meeting place		WITNEY ATC HEADQUARTERS	

(3) Grants	
Purpose for which the grant is required: TO SPONSOR AND SUPPORT WITNEY CARNIVAL 2023	
Amount of grant applied for	£ 2100
Has your organisation previously applied to the Town Council for a grant?	YES/NO
If YES please give details	PREVIOUS WITNEY CARNIVALS
Have you applied for a grant to any other body or organisation?	YES/NO
If YES please give details	
(4) Financial	
<i>Please enclose a copy of your latest audited accounts, a financial projection for the period following the balance sheet or a Business Plan if a new organisation.</i>	
(5) Fundraising	
What fundraising events or activities will your organisation be holding this year? ONLY WITNEY CARNIVAL 2023	
(6) General	
Recipients of a grant from the Town Council should acknowledge the fact on all relevant literature. Please provide or attach any additional information which may assist the Council in reaching its decision.	
<i>I certify that the above information is true to the best of my knowledge and belief, and that I am authorised to make this application for Grant-aid.</i>	
Signed:	Date: 3 DEC 2022

Please return your completed application form to the address overleaf, for the attention of the TOWN CLERK

For office use only:			
Acknowledged		Previously Applied	
Grant Aid Awarded/Amount	Y / N	Chq No.	